



High Quality  
Patient Centered  
Cost-Effective Health Care  
From Dr. Katz

FAST FACTS

## A Message From the Director

### New Starts



What a joy it was to be at Harbor-UCLA Medical Center for the ribbon-cutting of our new emergency department and surgical center. It is a beautiful facility. It will provide an environment that is as great as the care offered within the walls.

I know that when I was taking care of medicine inpatients at Harbor in October, I was proud of the care shown to our patients by our dedicated physicians, nurses, and other staff; but the old emergency room did not provide sufficient privacy for patients, or space for their family members to support them in what is often an extremely stressful time.

The new emergency department space will provide a patient centered experience and the new equipment will allow our clinical staff to provide the highest level of care possible. In addition, the new expanded surgical space will fill a critical need in DHS — to shorten wait times for surgery throughout our system.

In terms of new starts, note that the transition of Healthy Way L.A. matched program to Medi-Cal has gone relatively smoothly. We've been able to address any concerns as they have arisen. This smooth start happened because of all the work done by the State of California and the two health plans enrolling managed Medi-Cal patients (LA Care and Health Net) to make sure that they had correct information about the primary care homes of our patients.

My gratitude to all the members of the Managed Care Services Division, our Ambulatory Care Network, our community partners, and two health plans for making the transition a success partnership.

Best wishes.



Cervical Cancer Patient Navigator Elizabeth Pineda (right) consults with cancer survivor Maria Segovia.



County Supervisors Mark Ridley-Thomas and Don Knabe (center) cut ribbon dedicating the new emergency and surgery building.

## Harbor-UCLA Dedicates Emergency and Surgery Building

By Michael Wilson

Supervisors Mark Ridley-Thomas and Don Knabe officiated over a ribbon cutting ceremony held to dedicate the new emergency/trauma and surgery building on January 24. The facility will open to the public in April.

The \$300 million project expands the hospital's Emergency Department to more than 70,000 square feet with 80 treatment bays, including five adult trauma bays and two pediatric trauma bays, 16 operating rooms, and a 17,000 square foot central sterile processing department. The project also includes new pre- and post-operative areas and a heliport.

"Harbor has a special place in our system," said DHS director Dr. Mitchell Katz. "The caregivers here are outstanding and this facility matches their greatness." In addition to state-of-the-art technology throughout, the new facility

features an abundance of natural light, an impressive art collection, and spacious waiting areas for families and patients. The hospital will be able to see a higher volume of

patients, reduce wait time, and improve efficiency and patient experience. Plans to expand the 1960s-era main hospital building have been in the works for at least 30 years, said hospital staffers. Harbor-UCLA is a major 911



Trauma physician Dr. Brant Putnam pictured in the trauma surgery suite.



receiving hospital for the region and an Emergency Medical Services-designated Disaster Resource Center.

"It means so much to me as a Hahn to come back here to dedicate this expansion because my dad secured the funding to open this hospital," said Congresswoman Janice Hahn, referring to the

(See 'Harbor' on back)

## Olive View-UCLA Navigator Helps Patients Stay the Course

By Michael Wilson

Imagine getting a cancer diagnosis when you have no health care coverage, speak little English, and have limited transportation. Time off from work means docked pay and strain meeting monthly expenses. Specialist visits need to be coordinated, treatment plans started, and emotional tolls addressed. For many, it can be an overwhelming experience to figure it out alone.

Over the past 18 months, patients treated for cervical cancer at Olive View-UCLA Medical Center have received help and been guided through their care by a Cervical Cancer Care Navigator. Elizabeth Pineda follows patients from diagnosis through treatment, which often entails a combination of surgery, radiation and chemotherapy. She provides coordination of care between several DHS and private partner services and helps patients find supportive resources.

(See 'Navigator' on back)



# Obesity Experts See Challenges for County Health System

By Michael Wilson

National obesity experts and health economists convened at Harbor-UCLA Medical Center in November to discuss prevention, treatment, and ways to combat the epidemic and its correlates to diabetes, cancer, and high medical costs. Obesity disproportionately affects lower-income individuals who are more likely to seek safety net services. National figures show that obese persons require twice as much in direct health care costs as normal weight persons. Related specialty, emergency, and inpatient utilization bend the cost curve even higher.

Harbor-UCLA Department of Medicine chair Dr. Bill Stringer appointed an organizing committee to develop the two-day symposium with help from the County, community partners, LABIOMED, and the Clinical Translational Science Institute (CTSI) at UCLA to foster a coordinated approach and to create a set of recommendations to address this issue.

Participants agreed that the best approach would be to prevent obesity from ever occurring through environmental approaches like creating parks and safe green spaces for exercise along with improving access to healthier food choices. Those goals also involve building political support. However, a recurring theme was that a single approach won't work.

"There must be a comprehensive approach that addresses the full spectrum of obesity, from preventing weight gain at one end to bariatric surgery at the other end," says Harbor-UCLA physician and conference co-Chair Dr. Peter Liu. "Any long term strategy must include prevention, community interventions, and medically supervised interventions including weight loss drugs and bariatric surgery. We must care for individuals who will fall anywhere along the entire obesity continuum."

Liu says the comprehensive strategy must also be tailored to different communities, such as Hispanic or African-American com-



Obesity conference keynote speaker Dr. George Bray (left) talks with Harbor-UCLA Department of Medicine Chair Dr. William Stringer (center) and DHS Chief Medical Officer Dr. Hal Yee (right).

munities because a one size fits all approach will not work. The County must do a better job of integrating with community-based programs, like support groups and nutrition and exercise programs. "As providers in the County system we should be aware of community and County programs to achieve weight loss in order allow for appropriate referral. If these programs don't exist or are not accessible to the local community, then we should motivate for their creation." Community groups including Healthy African American Families II, Latino Communities Diabetes Council and the native Hawaiian and Pacific Islander Alliance assisted in developing the symposium. Organizers say the next step is to conduct town hall meetings with community groups to tailor recommendations and foster partnerships with the County's ethnically diverse communities. County health leaders are optimistic that expanded access to health coverage under health reform will change the trajectory towards better prevention and regular care for those that are obese or at risk. What is clear is that the key to controlling long term obesity-related costs is not hiring more doctors or opening more clinics; it requires innovative collaborations between the County and inner city communities where underserved populations reside and the development of a coordinated, comprehensive and cost-effective strategy.

## Healthy Way L.A. Matched Program Officially Ends

Over 300,000 Healthy Way L.A. members transitioned to Medi-Cal Managed Care on January 1 in a highly coordinated act that involved months of preparation between the County, the State Department of Health Care Services (DHCS), Community Partner clinics, and two local Medi-Cal-contracted health plans.

Due to a combination of extensive planning and continuity of care provisions for the transition passed by the State Legislature, Healthy Way L.A. members experienced minimal disruption as a result of the transition.

Healthy Way L.A., officially known as the Low-Income Health program (LIHP), began in July 2011 under the state's Medicaid 1115 waiver and was known as the "bridge to reform." All Healthy Way L.A. enrollees who met the program's income, age and residency requirements were automatically

transitioned into the Medicaid expansion component of the Affordable Care Act (ACA).

Approximately 612,000 LIHP members across California became Medi-Cal eligible on January 1, with L.A. County's share representing about half of the State's total enrollment.

While the program has officially ended, Healthy Way L.A. staff, including member services and eligibility and enrollment staff, continue to work on the program to ensure a smooth transition for patients. In addition, health department leaders are continuing to work with Community Partner Clinics to redesign the Healthy Way L.A. unmatched program for uninsured County residents who do not meet the requirements for health coverage under the ACA. Officials expect details of that program to be completed by late summer.

(**'Navigator'**)

The Cervical Cancer Care Navigation Program was initiated as a pilot in 2012 by Olive View Gynecologic Oncologists Dr. Christine Holschneider and Dr. Malaika Amneus with support from the UCLA Jonsson Comprehensive Cancer Center and OBGYN Department, and Lori Viveros from the Avon Cares for Life Breast Cancer Navigation Program. The goal of the program is to increase the success of cervical cancer therapies by helping patients overcome barriers that prevent timely completion of treatment.

Cervical cancer survivor Maria Segovia says that just knowing she could call someone to get answers and hear a friendly and supportive voice made a huge difference in her treatment. "Elizabeth has always been there for me and gone out of her way to help me get through the treatment."

In its short duration, the program has demonstrated success by reducing treatment time from an average of 72 to 55 days. This is important since each day delay in treatment worsens the chance for cure by at least one percent. It has also provided the Gynecologic Oncology service a critical tool to improve resource utilization by triaging acute patient care needs to the most appropriate point of care.

"A cancer diagnosis will take the wind out of anyone," says Pineda. "Many are fortunate to have family and other resources to help smooth the path, but that's not the case for many of our patients who struggle just to get to an appointment. It's a tough road and they need help." Dr. Lisa Garcia is studying patient response to the navigator program by comparing survey data with patients who were not navigated. The studies inform improvements to the program, such as emotional support so that the patient as well as the disease is being treated, says Pineda.

While the effort is still new, program leaders say early success has exceeded expectations and funding is needed to sustain the program for the benefit of patients.

### Olive View Cancer Navigator Highlights

- Improved treatment time from an average of 72 to 55 days
- Improved patient experience and satisfaction
- 54% of acute patient care needs resolved without face-to-face visit
- Potential for higher survival benefit
- Potential for significant cost savings through regimen adherence and improved outcomes

(**'Harbor'**)

late Supervisor Kenneth Hahn. The expansion project was approved by the Board of Supervisors in 2006. Harbor-UCLA serves a region of 700,000 residents and is one of only five Level I trauma centers in the County. The facility master plan includes expanding the Psychiatric Emergency Room and ambulatory care facilities, and adding additional campus parking.